

	<b>PS Form 1769/301 Accident Report</b> <b>USPS Restricted Information</b>
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**OPEN - SAFETY In-Process**

**Note: Shaded Rows Represent OSHA 301 Fields (where applicable).**

**Where did accident, injury, or illness occur:**

1	Area:	➤ Northeast
2	Cluster:	➤ Greater Boston
3	Charge to Cost Center:	➤ 240104 - MANAGER, CAM-PORTER SQUARE STA (MA)
4	OSHA Work Location:	PORTER SQUARE CARRIER ANNEX
5	Location where accident, injury, or illness occurred:	200 Alewife pkwy CAMBRIDGE, MA 02138
6	Accident Type:	Industrial (Type Code = IND)

**Brief Description of Accident:**

8.	stopped out of vehicle onto a pumpkin stem	
9	On-Site Investigation Conducted?	Yes
10	Serious Accident:	No

**When did accident, injury or illness occur:**

11	Fiscal Year:	2012
12	Calendar Year:	2012
13	Date Accident Created In EHS:	09/11/2012
14	Day of Week:	Monday

**Potential Hazardous Condition or Equipment:**

17	Potential hazardous or unsafe condition:	➤ 21-Slippery or uneven surface
18	Potential hazardous equipment or material:	➤ 58-Loose material on surface

**(#1) Involved Person(s) - Any Person with an "Active Role" → Injury, Fatality, Driver, Passenger, Pedestrian:**

20	Involved Person Role:	Injury (Role Code = INJ)
21	Employee ID:	[REDACTED]
22	Employee Group / Subgroup:	Full Time / City Carriers
23	OSHA Recordable Indicator:	N: Non-recordable
24	Prior Motor Vehicle Accidents:	0
25	Prior Industrial Accidents:	1
26	Pay Location:	PORTER SQUARE, CARRIER UNIT
27	Date of Birth:	[REDACTED]
28	Age:	[REDACTED]
29	Service Yrs & Months (per Current Date Hired):	18 Year(s) and 8 Month(s)
30	Time of Day:	[REDACTED]
31	Weather:	[REDACTED]
32	Lighting:	[REDACTED]
33	Surface:	[REDACTED]
34	Overtime Status:	No
35	Unsafe Personal Factor(s):	➤ Didn't See
36	Unsafe Practice(s):	➤ Inattention or distraction (not caused by verifying or fingering mail)



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1	When was the accident or incident reported? Describe the date and time of the accident or incident. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
2	Where was the accident or incident reported? Describe the location of the accident or incident. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
3	What was the accident or incident? Describe the nature of the accident or incident. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
4	What was the cause of the accident or incident? Describe the cause of the accident or incident. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
5	What was the result of the accident or incident? Describe the result of the accident or incident. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
6	What was the action taken? Describe the action taken. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
7	What was the outcome? Describe the outcome of the accident or incident. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
8	What was the injury or illness? Describe the injury or illness. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
9	What was the treatment? Describe the treatment. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
10	What was the follow-up? Describe the follow-up. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
11	What was the supervisor's name? Describe the supervisor's name. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
12	What was the supervisor's title? Describe the supervisor's title. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
13	What was the supervisor's phone number? Describe the supervisor's phone number. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
14	What was the supervisor's email address? Describe the supervisor's email address. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
15	What was the supervisor's signature? Describe the supervisor's signature. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
16	What was the supervisor's date? Describe the supervisor's date. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
17	What was the supervisor's location? Describe the supervisor's location. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
18	What was the supervisor's status? Describe the supervisor's status. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
19	What was the supervisor's action? Describe the supervisor's action. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07
20	What was the supervisor's outcome? Describe the supervisor's outcome. If the accident or incident occurred on a vehicle, include the vehicle number and the date and time of the accident or incident.	08/12/2012 10:07

**Accident Conditions:**

46	Result:	Postal Injury
47	Weather:	Clear
48	Surface Type:	Paved
49	Surface Condition:	Dry / Did not contribute
50	Cause / Circumstance:	FALLS TO SIDEWALKS/GROUND
51	Item Causing Injury/Illness:	Other
52	Total # of vehicles involved in accident:	1

**Postal: WITH A VID**

53	Vehicle Number:	0211088
54	Vehicle Make-Model:	1/2T GRUMMAN LLV 90 RH
55	Vehicle Body:	CARGO
56	Vehicle Year:	90
57	Vehicle Path:	Other
58	Rollover:	No
59	Area of Impact:	Mirror
60	Was Vehicle Equipped With Seat Belts?	Yes
61	Were Seat Belts in Use?	Yes
62	Employee Ejected from Vehicle:	No

**Accident Follow-Up:**

63	Job Safety Analysis:	Yes
64	Preventative Action:	PROVIDE TRAINING/INSTRUCTION

**Supervisor Information:**

65	Completed by:	Daniel P Tobin
66	Title:	MGR CUSTOMER SERVICES
67	Phone:	817-926-7534



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**Supervisor:** Retain this completed form for 5 calendar years from Date of Accident.

**OSHA 301**

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

**OSHA 301**

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Additional information and requirements for investigation of an accident and completion of an accident report and its contents are available in the 1769/301 Policy and Instructions document available on the Supervisor EHS screen.